

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10 / 540170

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			IND.		IND.		IND.			
	1		1		1		1		51		51		51		51
2			1						52						
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46									96						
47									97						
48									98						
49									99						
50									100						
TOTAL IND.	1														
TOTAL DEP.	15														
TOTAL CLAIMS	16														